



Needs Assessment Summary 2019

Ryan White Planning Body, Charlotte TGA



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Introduction

The Charlotte Transitional Grant Area (TGA) provides comprehensive HIV medical and support services to people living with HIV (PLWH) in Anson, Cabarrus, Gaston, Mecklenburg, Union (North Carolina), and York (South Carolina) Counties. The TGA's Ryan White Planning Body (PB) is responsible for using data to prioritize HIV medical and support services and allocate resources according to existing need in this 6-county region.

Understanding the needs of PLWH allows the PB to effectively plan improvements in access, barrier reductions, and service linkage for people who know their status and are not receiving medical care. Funding allocations follow effective planning, and this needs assessment is designed to provide essential information for that decision-making. Specific objectives include:

1. Identify trends in the TGA's HIV epidemic, focusing on historically underserved populations and disproportionately affected populations;
2. Identify consumer service needs, unmet needs, utilization patterns, and barriers to care;
3. Obtain detailed information on PLWH with unmet need, including demographics, barriers, and strategies to link to care;
4. Identify and evaluate the system of care, gauging service gaps and barriers in the care continuum.

To accomplish these objectives, the following activities were undertaken:

1. Surveillance and sociodemographic data about the population of the region and status of the epidemic obtained from Mecklenburg County Public Health's Epidemiologist;
2. A detailed survey of **207** PLWH, of whom **7** are out-of-care.

Oversight of the Needs Assessment

The Planning Body's Needs Assessment Workgroup provided direct oversight, input, and assistance for this assessment. Others providing input included:

1. The full Planning Body membership
2. MCPH and Ryan White Program staff
3. Getting to Zero Mecklenburg Program Manager (questions for HIV-negative/at-risk Participants)

Regional Demographic Profile

According to the [2017 US Census](#), the Charlotte TGA has an estimated population of 2,026,687. Mecklenburg County has the largest population, estimated at 1,076,837. The remaining 5 counties ranged in population from 24,991 to 266,439 in 2017.

Between 2010 and 2017, the TGA's population grew an average of 11%. Only Anson County experienced a population decrease (↓7.2%); the other counties experienced population growth:

1. York County, SC: 17.9%
2. Mecklenburg County, NC: 17.1%
3. Cabarrus County, NC: 16.2%
4. Union County, NC: 14.9%
5. Gaston County, NC: 6.8%



Income, Poverty, Health Insurance, & HIV

An average of 13.35% of the TGA's population is living in poverty, based on [2017 US Census](#) data. Union County has the lowest percentage of people living in poverty (9.1%), and Anson County has the highest percentage of people living in poverty (22.2%). An average of 11.15% of people under age 65 in the TGA are uninsured.

During calendar year 2017, 362 people were newly diagnosed with HIV in the TGA. The TGA, consistent with national trends, remains stable in the number of new HIV diagnoses. As of December 31, 2017, 8,808 of the TGA's 2,026,687 residents were living with HIV. [Table 1](#) demonstrates the relationship between income and health insurance to HIV incidence and prevalence in each of the TGA's counties. [Table 2](#) depicts the demographics of people in the TGA.

Table 1: Income, Insurance, HIV Prevalence, Incidence, and Case Rate by County¹

County	Total Population	Average Income	Living below FPL	Uninsured Age <65	2017 HIV Incidence	2017 HIV Prevalence	2017 HIV Case Rate / 100,000
Anson	24,991	\$19,105	22%	13%	4	98	18.5
Cabarrus	206,872	\$29,143	11%	10%	14	454	8.3
Gaston	220,182	\$24,937	15%	12%	26	697	14.1
Mecklenburg	1,076,837	\$35,669	11%	12%	270	6,792	30.3
Union	231,336	\$32,754	9%	10%	15	291	7.9
York	266,439	\$30,387	11%	10%	33	476	9.3

¹Data from US Census & MCPH Epidemiologist Donna Smith, presented to the PB on 5/15/2019.

Counties with the highest percentage of people living below the Federal Poverty Line (FPL) and uninsured under age 65 have the highest HIV case rates per 100,000 people. Income and health insurance must be addressed as social determinants of health related to the HIV epidemic.

	Population (2017) ¹	Living with HIV (2017) ²		3,580 Consumers (2018) ³		HIV+ Survey Participants	
Race	%	#	%	#	%	#	%
White, not Hispanic	67%	1936	22%	509	16%	48	23%
Black, not Hispanic	26%	5896	67%	2298	72%	144	70%
Asian / Pacific Islander	4%	56	1%	39	1%	-	-
American Indian / Alaska Native	1%	19	0%	9	0%	1	0%
Multi-Race	2%	263	3%	24	1%	9	4%
Other / Not Specified	-	16	0%	-	-	5	2%
Ethnicity	%	#	%	#	%	#	%
Hispanic / Latinx	11%	622	7%	334	10%	17	8%
Gender	%	#	%	#	%	#	%
Male	48%	6386	72.5%	2353	73%	143	69%
Female	52%	2422	27.5%	817	25%	61	29%
Transgender	-	-	-	48	2%	3	1%

¹Data from [2017 US Census](#)

²Data from 2017 [NC HIV/STD/Hepatitis Surveillance Report](#) & 2017 [SC STD/HIV/AIDS Surveillance Report](#)

³Charlotte TGA CAREWare data, 4/30/2019

HIV Care Continuum for Part A Consumers in the Charlotte TGA

Care Continuum data for the Charlotte TGA Part A Consumers have the following limitations:

1. To avoid duplicate data entry, Part A Providers do not enter services billed to Medicaid, Medicare, or private /public insurance providers; nor do they enter services after running out of Part A funds. Therefore, a person with insurance may receive services along the continuum not reported in CAREWare.
2. One Part A Provider does not use CAREWare. Therefore, data available to the Planning Body does not reflect consumers receiving services from that agency.
3. The Continuum cannot explain consumers who appear to be out-of-care because of death, moving out of the service area, obtaining insurance, or otherwise becoming ineligible for services.
4. Care Continuum data may not include clients who received Support Services only.

Charts below show the most complete information available to the Planning Body, reflecting CAREWare's Fiscal Year 2018-2019 Care Continuum data by case rate for the following demographics:

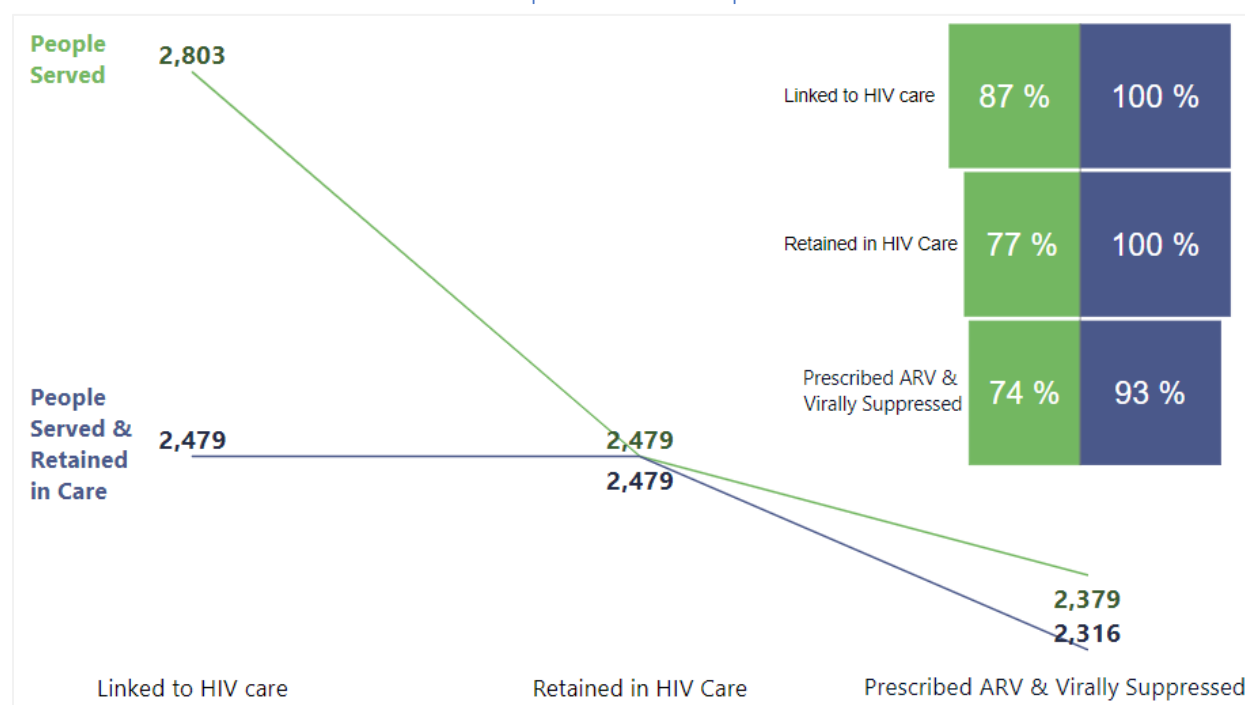
Chart 1. [People Served and People Retained](#)

Chart 2. [Gender](#)

Chart 3. [Age Group](#)

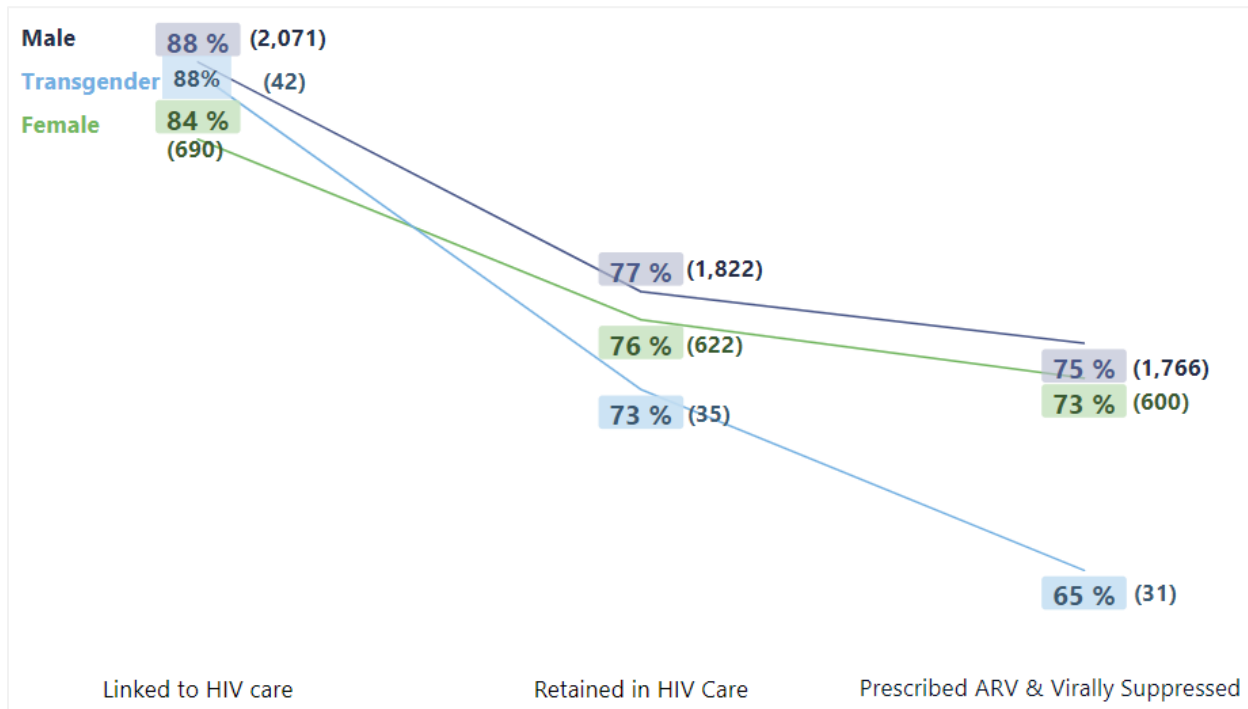
Chart 4. [Race and Ethnicity \(Populations with at least 25 people\)](#)

Chart 1: Care Continuum FY 2018-2019: People Served v. People Retained



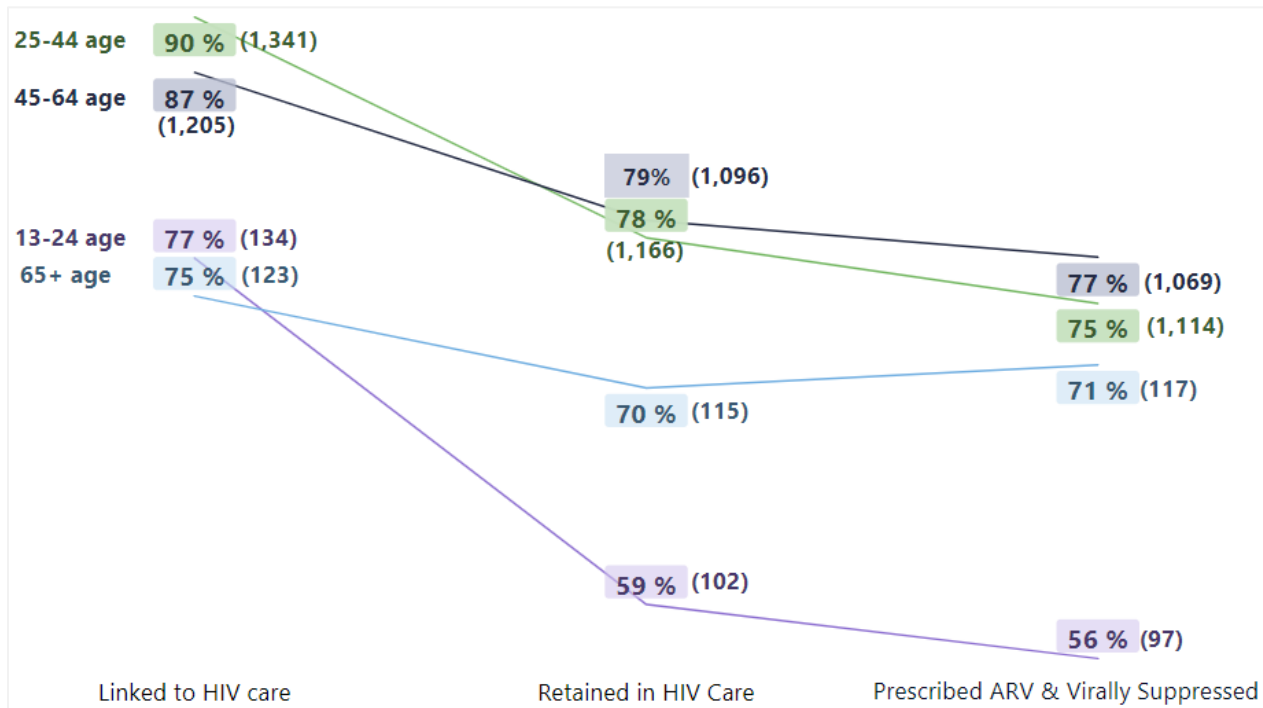
People who are retained in care have more CAREWare data and as expected, have higher viral suppression rates than people who are not retained in care and/or people who do not have enough data to be considered "in care."

Chart 2: Charlotte TGA Care Continuum – Gender FY 2018-2019



Transgender Consumers have lower viral suppression rates than both cisgender men and women.

Chart 3: Charlotte TGA Care Continuum – Age Group FY 2018-2019



Youth age 13-24 are experiencing lower viral suppression rates (56%) than other age groups, consistent with national trends. While People Age 65 and Over also have lower suppression rates (71%) than ages 25-64, this discrepancy may

indicate incomplete CAREWare data. Medicare-billable services are unlikely to be added to the CAREWare system, leaving data incomplete for Medicare-eligible populations age 65 and older.

Chart 4: Charlotte TGA Care Continuum – Race / Ethnicity FY 2018-2019

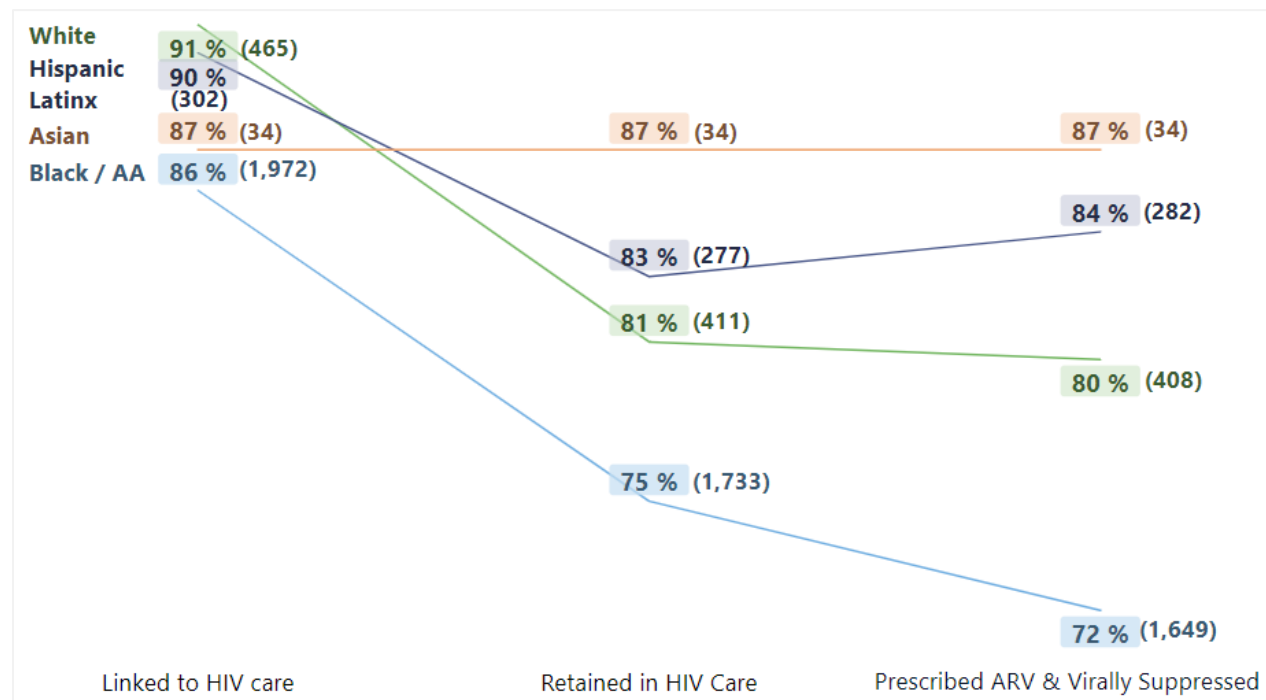


Chart 4 shows that Black/African American Consumers have lower viral suppression rates (72%) than their White, Hispanic/Latinx, and Asian peers. As Black/African American Consumers make up 72% of the Ryan White Part A client base, it is imperative to focus efforts on closing the gap for Black/African American Consumers.

Populations with fewer than 25 people are not depicted in Chart 4 to avoid misleading data. Viral suppression rates for these groups include:

Table 3: Populations with Fewer than 25 Representatives	Numerator/Denominator	Virally Suppressed
Native American / Alaska Native	5/9	56%
More than One Race	16/24	67%

Viral suppression rates for these smaller populations are significantly lower than the TGA's goal of 85%; these percentages are drastically impacted by even one person entering or leaving care.

Priority Populations

Based on Care Continuum data from CAREWare (4/30/2019), the Planning Body identifies the following priority populations for Ryan White Part A Consumers in the Charlotte TGA:

Table 4: Charlotte TGA Priority Populations based on Viral Suppression, FY 2018-2019

Priority Population	Numerator/Denominator	Virally Suppressed
Black and African American People	1,649/2,298	72%
People identifying More than One Race	16/24	67%
Transgender People	31/48	65%
Youth age 13-24	97/174	56%

The TGA's priority populations are consistent with HRSA/HAB's identified priority populations with viral suppression rates below 85.9% in 2017 (see <https://go.usa.gov/xyqB6>) and with North Carolina's ECHO Collaborative to End the HIV Epidemic:

Table 5: ECHO Collaborative

Priority Population	4/30/2019		6/11/2019	
	Numerator/ Denominator	Virally Suppressed	Numerator/ Denominator	Virally Suppressed
African American / Latina Women	476/554	85.92%	483/560	86.25%
MSM of Color	900/1072	83.96%	913/1083	84.30%
Transgender People	31/39	79.49%	34/40	85.00%
Youth age 13-24	87/122	75.44%	94/130	72.31%
Not stably housed	86/114	75.44%	91/130	72.31%

Methodology

Survey Design

The Ryan White Planning Body's Needs Assessment Workgroup designed the survey to obtain information about in-care, out-of-care, and at-risk populations. Question topics included:

1. Initial screening of PLWH to determine whether they resided in the TGA and in which county they reside
2. Screening to determine if HIV-positive Participants were in-care or out-of-care
3. Reasons for being out-of-care / barriers to HIV medical care
4. Current housing status
5. Use of and need for 29 medical and support services allowable by HRSA/HAB
6. PrEP attitudes and knowledge for HIV-negative Participants

The survey drew upon questions from two previously validated instruments, including:

1. 2016 [Dallas EMA Ryan White Planning Council](#) Comprehensive Needs Assessment
2. 2018 Getting to Zero Mecklenburg Needs Assessment

An experienced contracted agency translated the final survey into Spanish. Unaligned Consumers of the PB piloted both survey versions, with input from Spanish-speaking consumers, PB members, and MCPH staff.

Copies of the English and Spanish versions of this survey are in [Appendices D-E](#) of this report.



Online Survey Administration

The Planning Body utilized Qualtrics, a web-based online survey tool. Following review and approval by the PB, MCPH Management Analyst imported the final English and Spanish survey questions to Qualtrics. Qualtrics features include:

1. Immediate tabulation of participants completing the survey with real-time results available for review by the PB Administrator.
2. Ease of administration. Skip logic eases the burden and reduces confusion for participants taking the survey. Participants only answered questions which were applicable to them.
3. Access to an online survey permits Participants to utilize accessibility and linguistics software as needed.

The PB Administrator shared the online survey link via text, email, and newsletter with the PB, Part A/B/C/D Providers, HOPWA providers, and other community partners in the TGA. The PB Administrator encouraged recipients to share the survey via email, patient portal, text, and social media. During the annual All Providers Meeting and Medical Case Management Trainings (2), the PB Administrator presented an in-person ask to Part A Providers to share the survey.

The PB Administrator and PB volunteers visited 7 HIV support groups (Gaston and Mecklenburg Counties), AIDS Walk Charlotte, 2 National HIV Testing Day event sites (Mecklenburg County), and 1 HOPWA-funded homeless shelter to provide in-person surveying on tablets to people living with and at risk of HIV.

Part A, C, D, and HOPWA Providers received promotional flyers and business cards in Spanish and English to share in office spaces, as requested. Additionally, two local bars and two unaffiliated clinics serving low-income / PLWH agreed to post business cards in Spanish and English.

Mecklenburg County Government ran one English and one Spanish Facebook advertisement with the survey link. The Planning Body spent \$200 on the advertisements, reaching over 21,000 people and receiving 285 clicks (\$0.70 per click).

Paper Survey Administration

The PB Administrator surveyed at-risk populations in the Gaston County Detention Center during 3 sessions in March 2019. Because the center prohibits electronic devices, Participants in the jail completed paper surveys. Forty-seven of the collected surveys were completed fully; PB Administrator inputted completed surveys into Qualtrics upon return to the office.

After the third session, the PB Administrator discussed concerns with the full Planning Body, including a lack of inmate willingness to report positive HIV status in a jail setting. Additionally, most Participants at the detention center were White, non-Hispanic, which does not represent the TGA's priority populations. The PB advised discontinuation of paper surveying in the Gaston County Detention Center.

Data Analysis

Online survey collection made an immediate tabulation of consumer responses possible. The PB administrator provided bimonthly summaries to the Needs Assessment Workgroup Chair to ensure the Needs Assessment Workgroup and full Planning Body had the opportunity to recommend tactics for reaching underrepresented populations.

After June 30, 2019, the survey close date, the PB Administrator reviewed and cleaned the database prior to analysis. The PB Administrator exported data from Qualtrics and manipulated into tabular and graphic results for analysis and presentation, including frequency and cross-tabulation analyses for data presented overall and for each priority population with representation greater than or equal to 20 participants.



Six Minutes to Improve HIV Services in Six Counties

[HTTPS://MECKLENBURGCOUNTY.CO1.QUALTRICS.COM/JFE/...](https://mecklenburgcounty.co1.qualtrics.com/jfe/...) [Learn More](#)

Mecklenburg County Government
March 25 at 10:56 AM · 🌐

We're hoping those with HIV or at risk of HIV will help us by completing this six-minute, anonymous survey.

The survey is a collaborative effort between the Ryan White planning body and Getting to Zero Mecklenburg. Information we collect will help prioritize funding for HIV medical and support services and respond to consumer needs.

Findings: HIV+ Participants

Participant Overview

HIV-positive participants closely reflect the demographics of HIV in the TGA, regarding race, ethnicity, and gender (see [Table 2](#)). Participants slightly overrepresented Mecklenburg County (85%); because most Ryan White Part A, Part D, and HOPWA services are offered in Mecklenburg County, the Planning Body Administrator had more opportunity to survey Consumers in Mecklenburg County.

Service Utilization and Gap Analysis

In Fiscal Year 2018-2019, the Charlotte TGA funded 9 allowable medical and support services. To understand the needs for each funded service, the survey asked, “In the past 12 months, did you need this Ryan White service?” Participant responses follow a pattern reflective of Planning Body priorities during the past three fiscal years.

Participants answered as follows:

Table 6: Service Need

Funded Services	Yes, I needed this service...	No, I didn't need this service.	I didn't know about this service.
Early Intervention Services (EIS)	102 (49%)	76 (37%)	13 (6%)
Emergency Financial Assistance (EFA)	67 (32%)	85 (41%)	39 (19%)
Health Insurance Premium & Cost Sharing Assistance (HIPCSA)	92 (44%)	64 (31%)	35 (17%)
Medical Case Management (MCM)	129 (62%)	40 (19%)	22 (11%)
Medical transportation	83 (40%)	87 (42%)	21 (10%)
Mental health	78 (38%)	93 (45%)	20 (10%)
Oral health care	121 (58%)	52 (25%)	18 (9%)
Outpatient/Ambulatory Health Services (OAHS)	145 (70%)	35 (17%)	11 (5%)
Psychosocial support	85 (41%)	85 (41%)	22 (11%)

Chart 5: Services Needed vs. Services Unneeded

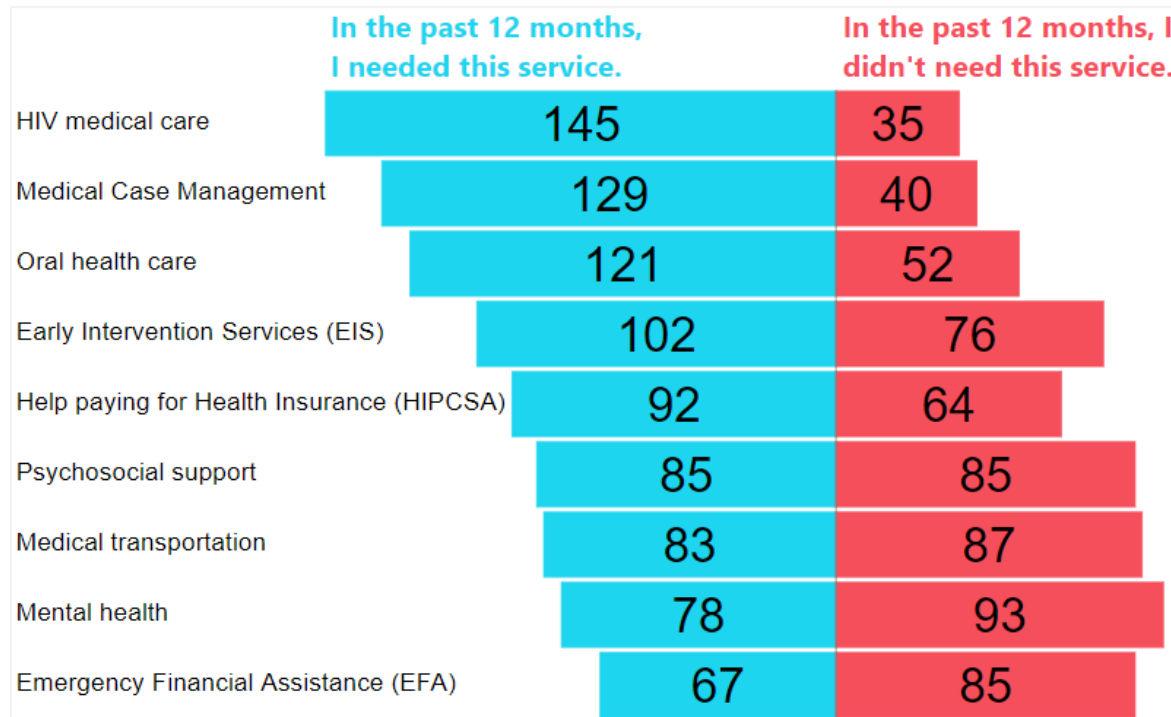


Table 7: Services Needs by Demographic Groups

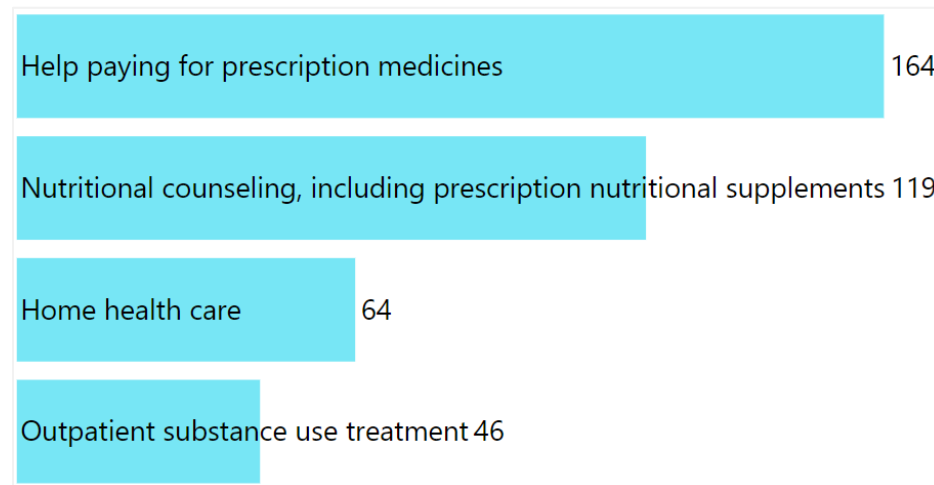
Demographic (n)	#1 Needed Service	#2 Needed Service	#3 Needed Service
Black Men (90)	OAHS (69; 76%)	MCM (64; 71%)	Oral Health & EIS (53; 58%)
Black Women (53)	OAHS (43; 81%)	Oral Health (37; 70%)	MCM (35; 66%)
Uninsured (71)	OAHS (64; 90%)	Oral Health (55; 77%)	MCM (54; 76%)
Age 13-29 (36)	OAHS (28; 78%)	EIS & MCM (22; 61%)	HIPCSA, Oral Health, & Psychosocial Support (20; 56%)
Age 30-49 (76)	OAHS (59; 78%)	Oral Health (55; 72%)	MCM (49; 64%)
Age 50+ (66)	MCM (43; 65%)	OAHS (39; 59%)	Oral Health (36; 55%)
Latinx (17)	EIS, OAHS, & Oral Health (10; 58%)	HIPCSA & MCM (8; 47%)	Medical Transportation (5; 29%)

RWHAP allows funding for 20 additional services not currently funded by the TGA. For each currently unfunded category, Participants were instructed, “Check up to 3 medical/support services that are most important to you.” This response was not required, to allow Participants to abstain from voting if no services are needed.

Participants ranked Medical Services as follows:

1. Help paying for prescription medicines (AIDS Pharmaceutical Assistance): 164 people (79%)
2. Nutritional counseling (Medical Nutrition Therapy): 119 people (57%)
3. Home Health Care: 64 people (31%)
4. Outpatient Substance Use Treatment: 46 people (24%)
5. Hospice: 12 people (<10%)

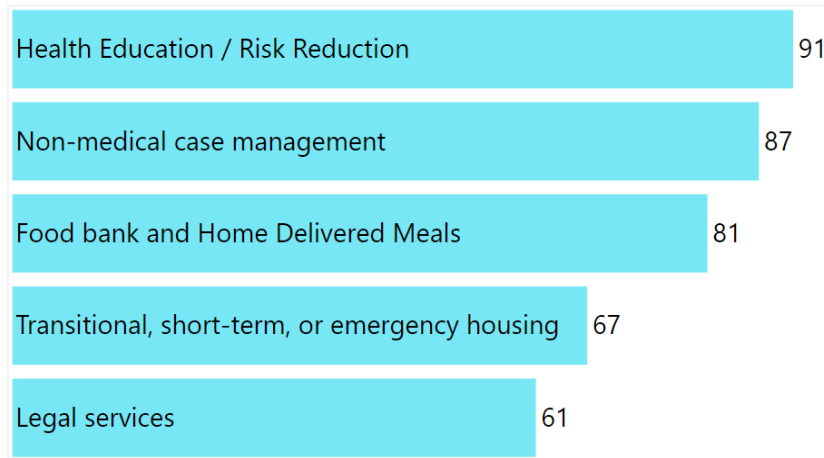
Chart 6: Currently Unfunded Medical Services Ranked as Important by at least 20% of Participants



Participants ranked Support Services as follows:

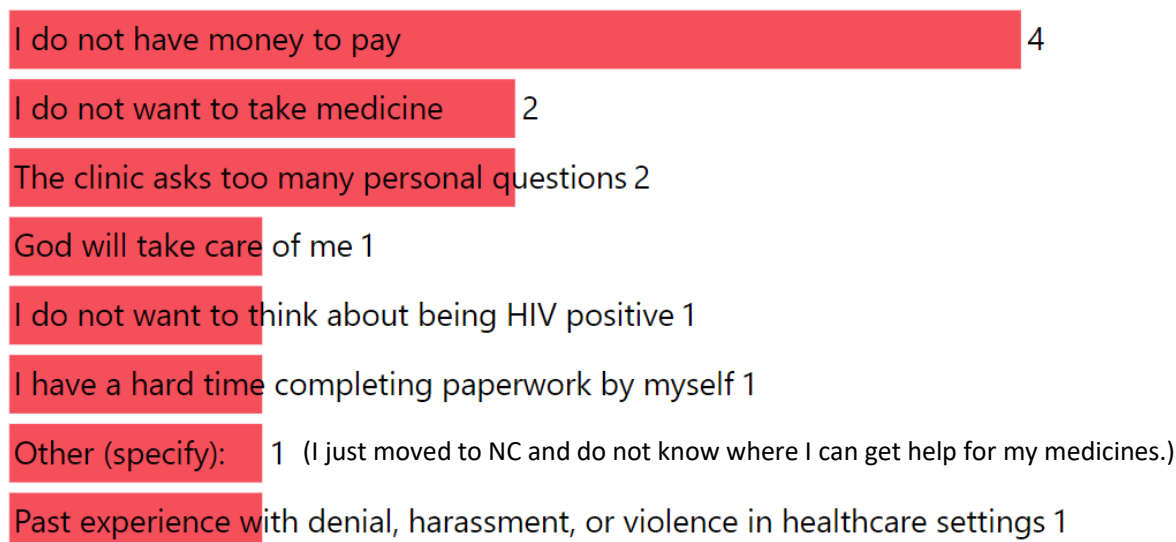
1. Health Education / Risk Reduction: 91 people (44%)
2. Non-medical Case Management: 87 people (42%)
3. Food Bank and Home Delivered Meals: 81 people (39%)
4. Transitional, short-term, or emergency housing: 67 people (32%)
5. Legal Services 61 people (29%)
6. Rehabilitation Services: 15 people (<10%)
7. Child care while at medical appointment: 14 people (<10%)
8. Residential Substance Use Treatment: 11 people (<10%)
9. Linguistic Services: 3 people (<10%)

Chart 7: Currently Unfunded Support Services Ranked as Important by at least 20% of Participants



Seven participants are currently out-of-care. While this sample size is not significant, it offers some insight to the barriers experienced by People Living with HIV. [Chart 8](#) depicts participants' barriers to care.

Chart 8: What barriers have made it difficult for you to access HIV medical care?



Findings: HIV-Negative & Status Unknown Participants

Participant Overview

The survey received 284 participants who indicated that they do not have HIV or do not know their HIV status. Fourteen participants (5%) currently take PrEP; 271 (95%) do not.

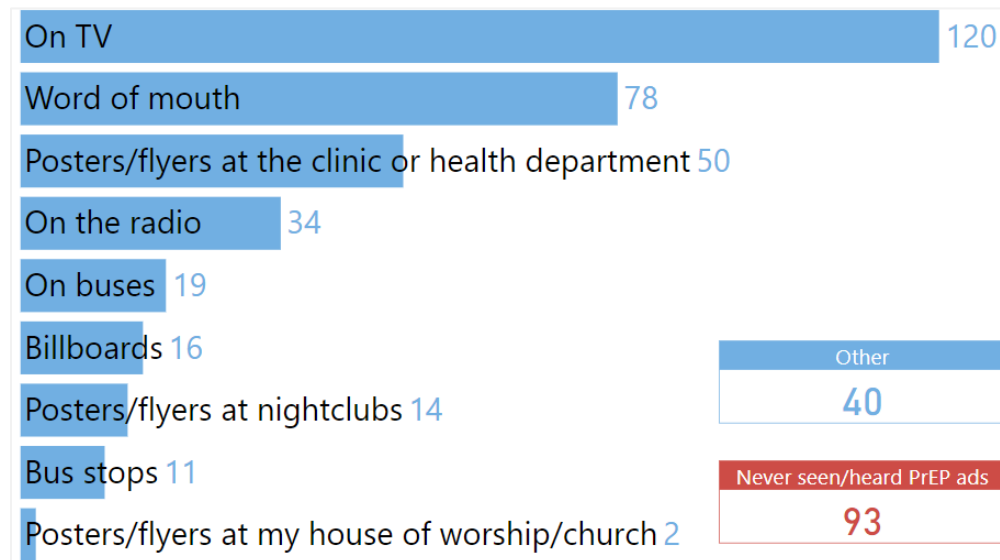
Ninety-five participants (33%) do not have health insurance; 50 (18%) have public insurance through Medicaid, Medicare, TRICARE, and/or Marketplace.

Sixty-four percent of participants (183) live in Mecklenburg County.

Table 8: Participant Demographics: HIV- & Status Unknown

		#	%
Race	White	129	45%
	Black	105	37%
	Asian / Pacific Islander	5	2%
	American Indian / Alaska Native	6	2%
	Multi-Race	14	5%
	Other / Not Specified	25	9%
Ethnicity	Hispanic / Latinx	52	18%
Gender	Male	139	49%
	Female	141	50%
	Transgender	4	1%

Chart 9: In the last 12 months, where have you seen/heard advertisements about PrEP?



Other responses include:

1. Social media/ads: Facebook, Grindr, apps
2. Online / Internet
3. Community engagement events
4. The PowerHouse Project
5. Hulu
6. Doctor office
7. Health department, Mecklenburg County
8. At work
9. Charlotte Community Health Clinic
10. Friend
11. Jail
12. News article
13. Magazine

Table 9: Response Summary

Question	A lot of knowledge	Some knowledge	No knowledge
How would you rate your knowledge of HIV?	116 (42%)	150 (54%)	13 (5%)
Participants who have <i>A lot of knowledge</i> were more often non-Hispanic, age 40-59, and/or Black/African American. Those with <i>Some Knowledge</i> were more often to be age 30-39. Those with <i>No Knowledge</i> were more often age 60 or older, Hispanic/Latinx, Male, and/or age 20-29.			
Question	Yes	No	I don't know
Do you consider yourself at risk for HIV?	69 (24%)	186 (65%)	30 (11%)
Participants who consider themselves at risk for HIV were more often Male, White, and/or age 20-39. Those who did not consider themselves at risk for HIV were more often Female, Black/African American, and/or age 50 or older. Those who do not know their risk were more often age 20-29, Male, and/or indicated race as "Other."			
Question	True	False	I don't know
There is a pill (also known as PrEP) that you can get from your doctor to prevent someone without HIV from getting HIV?	204 (72%)	52 (18%)	29 (10%)
The correct answer to this question is True. White participants were 1.16 times more likely to answer this question correctly than their counterparts. Participants age 13-19 were 3.55 times more likely to answer incorrectly than their counterparts. Females were times more likely to answer this question incorrectly than males. People who indicated their race as "Other" were more likely to select <i>I don't know</i> .			
Question	Yes	No	I need more information
If you are at risk for HIV, would you consider taking PrEP?	100 (55%)	18 (10%)	64 (35%)
Males were 1.36 times more likely to answer <i>Yes</i> . Participants who were age 50-59 and/or White were about 2 times more likely to answer <i>No</i> . Participants age 20-29 were likely to answer <i>No</i> or <i>I need more information</i> . People who indicated their race as "Other" were almost 2 times more likely to indicate <i>I need more information</i> .			
Of the 18 participants who answered <i>No</i> , 39% do not think they are not at risk for HIV. Other reasons include:			
<ul style="list-style-type: none"> • I cannot afford to pay for it: 3 (17%) • I don't like taking pills daily: 3 (17%) • I am afraid of the potential side effects: 2 (11%) • I don't think it works: 1 (6%) • Other: 2 (11%) – Did not specify 			
Question	True	False	I don't know
PrEP is ONLY available for people with health insurance?	17 (6%)	180 (63%)	88 (31%)
The correct answer to this question is False. People who answered this question correctly were most often non-Hispanic and White. Hispanic/Latinx participants and People ages 40-49 were more likely to select <i>I don't know</i> than their counterparts. Participants age 20-29 were more likely to answer incorrectly. Hispanic/Latinx participants were about 4 times more likely to answer incorrectly than non-Hispanic participants.			

Recommendations

Recommendations for HIV Treatment

1. **Income and health insurance must be addressed as social determinants of health** that contribute both to HIV and a person's overall health outcomes. Non-medical case management, if funded, should provide evidence-informed, individual plans to assist PLWH in accessing job/skills training and careers, preferably those that offer health insurance benefits. Non-medical case managers should receive at least 20 hours of training per year in resume and cover letter writing, interview techniques, opportunities for education, and other tools to equip Consumers to overcome barriers to income and health insurance.
2. **The Ryan White Part A Program should intentionally educate** Ryan White Providers and Consumers about health insurance, HIPCSA, ADAP/HMAP/ICAP (Part B) services to improve informed decision-making regarding access to comprehensive medical services.
3. **HIV services should be widely advertised across the TGA**, especially in communities of Color and Latinx communities. Advertisements should be provided, at a minimum, in both English and Spanish. Advertisements should be informed and tested by PLWH and should include information on how to access services and the expected cost.
4. **The TGA should partner with North Carolina's Part B Program to enroll more people into HMAP/ADAP/ICAP** services. Part B funds one full-time HMAP Enroller, housed at Mecklenburg County Public Health's Beatties Ford office. The Part A Recipient should regularly inform providers (at least twice a year before enrollment begins) of this service, how to access, and who is eligible. Part A and/or its providers should establish Memorandums of Understanding with the TGA's HMAP enroller to ensure easy referral that reduces Consumer burden.

Planning Body Directives to the Recipient to follow in September 2019 and will be posted on the [Planning Body website](#).

Recommendations for HIV Prevention and PrEP

1. HIV testing and PrEP initiatives/campaigns should prioritize People of Color, Latinx populations, people age 13-29, and people age 50 and older.
2. Campaigns should be provided, at a minimum, in both English and Spanish. Advertisements should be piloted by the community at risk for HIV and should include information on how to access services and the expected cost.

Insights from the TGA's Medical Case Managers

During the 2019 Ryan White Medical Case Management Training: *Ending the Epidemic, A Plan for America* on June 13-14, case managers responded to the question, "What can your agency do to end the epidemic?":

1. Increase HIV testing, including non-traditional hours/sites; Routine, normalized screening in primary care settings
2. Increase the number of primary care providers offering PrEP; increase PrEP uptake by employing navigators and peer specialists; Encourage PrEP education for HIV-negative partners
3. Increased education: Community outreach, provider/health professional education, Harm reduction
4. Promote and link to available resources; Build and leverage partnerships – no more silos
5. Identify and address individual barriers, rather than using a "cookie-cutter" approach; Teach ways to navigate the healthcare system
6. Follow up with clients after initial appointment; offer additional support to Transgender consumers

7. Close the gap by addressing social determinants of health / holistic approach: Transportation, behavioral health, copay assistance for prescriptions, crisis assistance, stigma & disclosure, nutrition, housing & HOPWA, legal services (particularly criminal records), employment, substance use
8. Offer more support groups and educational opportunities (via lunch & learn and social media) for PLWH
9. Reduce the amount of paperwork to allow more time to focus on consumers
10. Teach patient health literacy
11. Go paperless
12. Expand Medicaid (state level)
13. Expand services to areas with unmet need
14. Educate providers: how to use social media



Survey Limitations

Survey limitations were minimized by having the survey accessible online to allow for the use of accessibility tools and by automated skip logic so that question sequencing was done seamlessly for Consumers.

Nevertheless, potential data limitations include:

1. Misunderstanding or misinterpreting words or terms. This was minimized by previous survey validation and piloting by unaligned consumers.
2. Forced selection of responses without the options of “not applicable” or “refused.”
3. The possibility of selecting contradictory responses which was minimized via online survey skip logic.
4. Some surveys were completed on paper, thereby increasing the possibility of data entry errors.

Suggestions for Future Assessments

During data collection, PB members, service providers, and survey Participants noted the following suggestions:

1. Rewrite and simplify service definitions to increase understanding, eliminate confusion between similar community services (funded and non-funded). For example, the definition of EIS could also apply to the work of Disease Intervention Specialists or intensive case management.
2. Ask Participants to identify their age in a range, rather than the exact number, to increase participation.
3. Consumers are “surveyed out.” Look for other data collection opportunities to avoid overwhelming consumers, especially focus groups to allow for in-depth understanding.
4. Add the survey’s QR code to the Ryan White Quality Management Consumer Satisfaction Survey to increase advertising and lower costs.
5. Have surveyors available in more settings where People Living with HIV are to increase participation; Schedule surveying times with providers prior to the start of survey collection.
6. Increase partnership with Getting to Zero Mecklenburg and Black AIDS Institute for more robust assessment, particularly with Communities of Color and transgender populations.
7. Future needs assessments should emphasize people out-of-care, as this group is underrepresented in the current assessment.

Following the presentation of this data during the 2019 Priority Setting and Resource Allocation process (July 24, 2019), the Needs Assessment Workgroup will complete a Lessons Learned document and add suggestions to the multi-year needs assessment plan. Suggestions will be documented in Needs Assessment Workgroup minutes and the Lessons Learned document and added to the [Planning Body website](#).

Appendix A: Ryan White Part A Expenditures, Fiscal Years 2017-2019

The table below represents RWPA allocations to each Medical and Support Service for Fiscal Years 2017-2019. Because of increased funding to service categories Mental Health, Health Insurance Premium & Cost Sharing Assistance, and Emergency Financial Assistance, the PB estimates that these categories will serve more people in FY 2019-2020 than in FY 2018-2019. Decreased funding to Medical Case Management and Medical Transportation may result in fewer people served in these categories.

Service Expenditures and Utilization, Fiscal Years 2017-2019

	FY 2019-2020		FY 2018-2019			FY 2017-2018		
Medical Services	Allocated Expenditures	Est. People to Serve	Expenditures	People Served	Cost per client	Expenditures	People Served	Cost per client
Outpatient/Ambulatory Health	↑ \$2,962,894	2248	\$2,960,611	↑ 2246	↓ \$1,318	\$3,054,459	2154	\$1,418
Medical Case Management	↓ \$956,298	↓ 2433	\$991,788	↓ 2522	↑ \$393	\$971,880	2589	\$375
Early Intervention Services	\$73,908	43	\$73,908	↑ 43	↑ \$1,719	\$33,044	27	\$1,224
Mental Health	↑ \$37,079	↑ 90	\$27,521	↓ 67	\$411	\$33,785	82	\$412
Oral Health	↑ \$958,900	1137	\$956,792	↑ 1135	↓ \$843	\$951,934	1069	\$890
Health Insurance (HIPCSA)	↑ \$283,468	↑ 977	\$252,315	↑ 870	↓ \$290	\$251,861	779	\$323
Support Services								
Medical Transportation	↓ \$148,338	↓ 367	\$186,074	↓ 461	↓ \$404	\$218,682	470	\$465
Emergency Financial Assistance	↑ \$7,025	↑ 9	\$3,564	↓ 5	↑ \$712	\$6,495	10	\$650
Psychosocial Support	↑ \$74,336	66	\$73,576	↓ 66	↑ \$1,115	\$67,312	81	\$831
Non-Medical Case Management	\$0	0	\$0	↓ 0	\$0	\$2,820	10	\$282
Total	↑ \$5,502,247		↓ \$5,262,935			\$5,592,272		

Mecklenburg County is well-resourced, containing most RW Parts A, B, C, and D services, plus a wealth of other medical and support services offered for free or low-cost by local government, FQHCs, and non-profits. Anson and Union Counties are under-resourced, containing scarce, if any, medical and support resources.

Number of Medical and Support Services Provided in Each County

County: Population living with HIV	# of RWPA Providers: Core Medical Services	# of RWPA Providers: Support Services	Status
Anson: 98	0	1	Under-resourced
Cabarrus: 454	1	1	Fairly resourced
Gaston: 697	1	1	Fairly resourced
Mecklenburg: 6,792	17	9	Well-resourced
Union: 291	0	0	Under-resourced
York: 476	1	1	Fairly resourced

Appendix B: Part A Providers in the Charlotte TGA

Serving Uninsured & Underinsured People Living with HIV in Anson, Cabarrus, Gaston, Mecklenburg, Union (NC), and York (SC) Counties

Transportation assistance (van or bus) is available to all Part A consumers who do not have access to another source of transportation.

Part A Provider	Services	Accessibility			
		Evening hours	Bus	Bilingual	Other
Affinity Health Center , Rock Hill 29730	OAHS, HIPCSA, MCM, Mental Health, Oral Health			✓	
Amity Group Foundation , Charlotte 28215	OAHS, HIPCSA		✓	✓	
Anson County Transportation	Medical Transportation (van service)		✓	✓	
Atrium - Myers Park , Charlotte 28207	OAHS, HIPCSA, MCM, Medical Transportation		✓	✓	
Atrium – Northeast , Concord 28025	OAHS, HIPCSA, MCM, Medical Transportation		✓	✓	
Bradley-Reid Cares , Charlotte 28212	MCM		✓		
Belvedere Family Dentistry , Charlotte 28208	Oral Health		✓		
Carolinas CARE Partnership , Charlotte 28212	MCM	✓	✓	✓	Peer support
Charlotte Dental Associates, Charlotte 28262	Oral Health				
Charlotte Health Initiative , Charlotte 28205	OAHS, HIPCSA, MCM		✓	✓	
Community Empowerment Center , Charlotte 28227	Medical Transportation (van service)	✓	N/A		Wheelchair transit
DDD Enterprises, Charlotte 28215	Medical Transportation (van service)	✓	N/A		
Gaston Family Health Services , Gastonia 28052	OAHS, MCM, Mental Health, Oral Health, Medical Transportation	✓	✓	✓	On-site Pharmacy
ID Consultants , Charlotte 28209	OAHS, HIPCSA, MCM, Medical Transportation	Weekend	✓	✓	
Lions Services Eye Clinic , Charlotte 28213	Vision		✓		
Mecklenburg County Public Health Charlotte 28216	MCM, Medical Transportation		✓	✓	
Novant ID Specialists , Charlotte 28207	OAHS		✓		
Quality Comprehensive Health Center Charlotte 28216	MCM, Mental Health, Medical Transportation, Psychosocial Support	✓	✓	✓	Peer support
RAIN , Charlotte 28202	HIPCSA, MCM, Youth Psychosocial Support, EIS	✓	✓	✓	Peer support Tele-mental health
Reeves Eye Clinic, Charlotte 28205	Vision		✓		
Rosedale ID , Huntersville 28078	OAHS, HIPCSA		✓		Peer support On-site Pharmacy
Royal Dental Associates , Charlotte 28205	Oral Health	Weekend	✓	✓	
The RISE Project of the Carolinas , Charlotte 28227	MCM, EFA		✓		

Appendix C: Other HIV Medical and Support Services

Agency	Funder/Amount	Services	Counties Served	Accessibility
Carolinas Care Partnership Charlotte 28212	HOPWA \$2.5 million	Vouchers, supportive services, housing information services, mental health, emergency financial assistance, deposits, transportation, agency-owned housing	Mecklenburg, Gaston, Union, Cabarrus, Iredell, Rowan, Lincoln NC; York, Chester, Lancaster SC	On bus route Transportation available Peer support available Bilingual staff
HOPWA Subrecipients	HOPWA	In-patient substance use treatment, substance use aftercare, end-of-life care, EFA, deposits, housing case management, housing information services, transportation, facility-based housing	Mecklenburg, Gaston, Union, Cabarrus, Iredell, Rowan, Lincoln NC; York, Chester, Lancaster SC	On bus route Transportation available Bilingual staff
Mecklenburg County Public Health , Charlotte 28216	Part B \$63,624	ADAP/HMAP Enrollment	Charlotte TGA	On bus route Bilingual staff
Affinity Health Center Rock Hill 29730	Part C \$557,330	HIV specialty care, case management, dental, mental health	York, Chester, Lancaster	Evening hours Transportation available Interpretation available Evening clinic hours
Quality Comprehensive Health Center , Charlotte 28216	Part C \$258,756	ID Specialty care, primary medical care, case management, linkage to care, dental	Charlotte TGA	On bus route Transportation available Bilingual staff
CW Williams , Charlotte 28208	Part D \$263,823	Primary care, medication assisted treatment, behavioral health, MCM, outreach, HIV specialty care	Charlotte TGA	Evening/weekend hours On bus route Transportation available Bilingual staff
CREW , Charlotte 28211	SAMSHA \$500,000 for 5 years	Pre-treatment counseling and harm-reduction, individual and group substance use treatment, aftercare, care coordination, peer support	Mecklenburg	On bus route Peer support available
Progressive Recovery Resources , Charlotte 28206	Medicaid Medicare	Case management, Individual & group psychotherapy, multi-unit housing with services / transitional housing, pharmacy assistance, food, substance use counseling, mental health	Mecklenburg, Cabarrus, Rowan, Union, Stanly, Anson	On bus route

The Planning Body Administrator maintains an online resource directory (<https://go.usa.gov/xEh8m>) to track additional free and low-cost medical and support services in the TGA.

Appendix D: Consumer Survey - English

Introduction

Thank you for completing this survey. Your answers will help the Ryan White Planning Body and Mecklenburg County Public Health decide how to use the money they get from the Federal government to meet the needs of people living with HIV in Anson, Cabarrus, Gaston, Mecklenburg, Union, and York Counties.

This survey is confidential. Your answers will be combined with those from many other people, so no one will be able to identify you.

If you have questions, please ask for help.

It will take about **6 minutes** to complete this survey.

Thank you for your help!

Section 1: Tell us about you

1. What county do you live in? **Check one.**

- | | |
|--|--|
| <input type="checkbox"/> Anson, NC | <input type="checkbox"/> Union, NC |
| <input type="checkbox"/> Cabarrus, NC | <input type="checkbox"/> York, SC |
| <input type="checkbox"/> Gaston, NC | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Mecklenburg, NC | |

2. How old are you? _____

3. Are you Hispanic/Latino? **Check one.**

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

4. What is your race? **Check all that apply.**

- ☐ Black / African American
- ☐ White
- ☐ Asian or Native Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Multi-racial
- ☐ Other (specify): _____

5. What is your gender? **Check one.**

- | | |
|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender Female to Male |
| <input type="checkbox"/> Male | <input type="checkbox"/> Gender Identity: _____ |
| <input type="checkbox"/> Transgender Male to Female | |

6. What kind of health insurance do you have? **Check all that apply. Ryan White is NOT insurance.**

- ☐ I do not have health insurance
- ☐ Private / Employer Insurance
- ☐ Marketplace / ObamaCare (Affordable Care Act)
- ☐ Medicare
- ☐ Medicaid
- ☐ TRICARE

Section 2

7. Are you HIV positive?

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
|------------------------------|-----------------------------|---------------------------------------|

If "Yes," go to Question 8. If "No" or "I don't know," go to Question 17, page 5.

8. Have you had a CD4 test or a HIV viral load test within the last 12 months?
☐ Yes ☐ No
9. Have you taken HIV medicines (antiretroviral) in the last 12 months?
☐ Yes ☐ No
10. Have you been to an HIV medical appointment in the last 12 months?
☐ Yes ☐ No
11. What barriers have made it difficult to access HIV medical care? **Check all that apply.**
- ☐ I do not feel sick
 - ☐ I do not need or want medical care
 - ☐ I do not want to think about being HIV positive
 - ☐ I do not want to take medicine
 - ☐ I have a hard time completing the paperwork by myself
 - ☐ I am afraid to be seen at the clinic
 - ☐ The appointments cause problems with my job
 - ☐ The clinic asks too many personal questions
 - ☐ I do not like the physical exam
 - ☐ Past experience with denial, harassment, or violence in healthcare settings
 - ☐ Past experience with providers who do not understand my identity
 - ☐ My drug or alcohol use makes it difficult for me to keep appointments
 - ☐ It is hard to get there (transportation)
 - ☐ Long waiting time to get an appointment
 - ☐ Amount of time it takes at the clinic
 - ☐ I do not have needed identification (ID) / my ID does not match who I am
 - ☐ The staff does not speak my language
 - ☐ The staff does not understand my culture
 - ☐ No evening hours (after 5PM)
 - ☐ No weekend hours
 - ☐ I do not have legal status in the US
 - ☐ I do not have money to pay
 - ☐ God will take care of me
 - ☐ I do not feel emotionally ready to receive treatment
 - ☐ My partner does not want me to get treatment
 - ☐ Other: _____

12. Where do you live now?

- ☐ In an apartment/home that I own or rent in my name
- ☐ At another's person's apartment/home – permanent
- ☐ At another person's apartment/home – temporary
- ☐ In a "supportive living" facility (Assisted Living)
- ☐ In transitional housing or treatment facility
- ☐ Homeless on street or in car
- ☐ Homeless shelter
- ☐ Domestic Violence shelter
- ☐ Residential hospice facility or skilled nursing home
- ☐ Jail
- ☐ Other (specify): _____

13. What is the zip code where you live? _____

14. In the past 12 months, did you need this **Ryan White** service?

Services	Yes, I needed this service and got it.	Yes, I needed this service but did not get it.	No, I didn't need this service.	I didn't know about this service.
Early Intervention Services (access to a professional who can help you get into HIV care)				
Emergency Financial Assistance to pay rent/mortgage or utilities one time				
Help paying for Health Insurance Premiums and Copays				
Medical Case Management				
Medical transportation (bus pass or van service)				
Mental health				
Oral health care (dental)				
HIV medical care				
Psychosocial support (support groups or counseling usually led by a peer)				

15. Check up to 3 **medical** services that are the most important to you.

- ☐ Help paying for prescription medicines
- ☐ Home health care
- ☐ Hospice
- ☐ Nutritional counseling, including prescription nutritional supplements
- ☐ Outpatient substance use treatment

16. Check up to 3 **support** services that are the most important to you.
- ☐ Child care while at a medical appointment
 - ☐ Food bank and Home Delivered Meals
 - ☐ Health Education / Risk Reduction (Education on healthcare coverage options, health literacy, treatment adherence, and reducing transmission risk to partners)
 - ☐ Transitional, short-term, or emergency housing
 - ☐ Legal services to help you work through a problem obtaining services / benefits, outline advance directives, or establish guardianships
 - ☐ Interpretation and translation (Linguistic Services)
 - ☐ Non-medical case management (access to a professional who connects you to services for social, community, legal, financial, employment, vocational needs)
 - ☐ Residential substance use treatment
 - ☐ Rehabilitation services (physical, occupational, speech, and vocational therapy)

Questions for HIV-negative and HIV status unknown

17. How would you rate your knowledge of HIV? **Check one.**
- ☐ No knowledge
 - ☐ Some knowledge
 - ☐ A lot of knowledge
18. Do you consider yourself at risk for HIV? **Check one.**
- ☐ Yes
 - ☐ No
 - ☐ I do not know
19. **True or False:** There is a pill (also known as PrEP) that you can get from your doctor to prevent someone without HIV from getting HIV?
- ☐ True
 - ☐ False
20. **True or false:** PrEP is ONLY available for people with health insurance?
- ☐ True
 - ☐ False
21. In the last 12 months, where have you seen/heard advertisements about PrEP? **Check all that apply.**
- ☐ I have not heard/seen advertisements about PrEP
 - ☐ On the radio
 - ☐ On TV
 - ☐ Bus stops
 - ☐ On buses
 - ☐ Billboards
 - ☐ Posters/flyers at the clinic or health department
 - ☐ Posters/flyers at nightclubs
 - ☐ Posters/flyers at my house of worship/church
 - ☐ Word of mouth (e.g. from a family member, friend, coworker, medical provider etc.)
 - ☐ Other (please state where) _____
22. Do you currently take PrEP?
- ☐ Yes (**skip to Question 24**)
 - ☐ No

23. If you are at risk for HIV, would you consider taking PrEP?

- ☐ I am not at risk for HIV (**end here**)
- ☐ I need more information about PrEP to make a decision (**end here**)
- ☐ Yes (**skip to question 24**)
- ☐ No

24. Why would you NOT consider taking PrEP? **Check all that apply.**

- ☐ I don't think I am at risk
- ☐ I would not want to pay for it
- ☐ I cannot afford to pay for it
- ☐ I am afraid someone would find out I am taking it
- ☐ I am afraid of potential side effects
- ☐ I don't think it works.
- ☐ I don't like taking pills daily
- ☐ Other (please specify)_____

25. What do you think could stop you from taking PrEP? **Check all that apply.**

- a. I will never stop taking PrEP
- b. Thinking I am no longer at risk
- c. Not being able to afford it
- d. Side effects too harsh
- e. Burden of taking pills daily
- f. Travel distance to PrEP visits too far
- g. No transportation to PrEP visits
- h. Other (please specify)_____

Thank you for completing this survey. Your answers will help the Ryan White Planning Body and Mecklenburg County Public Health decide how to use the money they get from the Federal government to meet the needs of people living with HIV in Anson, Cabarrus, Gaston, Mecklenburg, Union, and York Counties.

Appendix E: Encuesta de Consumidores- Español

Introducción

Gracias por completar esta encuesta. Sus respuestas ayudarán al consejo de planificación de Ryan White a decidir cómo usar los fondos que recibe del gobierno federal para abordar las necesidades de las personas que viven con VIH en los condados de Anson, Cabarrus, Gaston, Mecklenburg, Union y York.

Esta encuesta es confidencial. Sus respuestas se combinarán con las de otras personas, por lo que nadie podrá identificarlo.

Si está realizando la encuesta en la oficina de su proveedor y tiene alguna pregunta, solicite ayuda.

Completar esta encuesta le tomará 6 minutos.

¡Gracias por su ayuda!

Sección 1: Información demográfica

1. ¿En qué condado vive?

- | | |
|--|---|
| <input type="checkbox"/> Anson, NC | <input type="checkbox"/> Union, NC |
| <input type="checkbox"/> Cabarrus, NC | <input type="checkbox"/> York, SC |
| <input type="checkbox"/> Gaston, NC | <input type="checkbox"/> Ninguna de las opciones anteriores |
| <input type="checkbox"/> Mecklenburg, NC | |

2. ¿Qué edad tiene? _____

3. ¿Es hispano o latino?

- | | |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> Sí | <input type="checkbox"/> No |
|-----------------------------|-----------------------------|

4. ¿Cuál es su raza? **Marque todas las opciones que correspondan.**

- ☐ Negro o afroamericano
- ☐ Blanco
- ☐ Asiático o isleño del Pacífico
- ☐ Nativo americano o nativo de Alaska
- ☐ Multirracial
- ☐ Otra opción (especifique): _____

5. ¿Cuál es su sexo?

- ☐ Femenino
- ☐ Masculino
- ☐ Transgénero masculino a femenino
- ☐ Transgénero femenino a masculino
- ☐ Identidad de género: _____

6. ¿Qué tipo de seguro de salud tiene?

Marque todas las opciones que correspondan. Ryan White NO es un seguro.

- ☐ No tengo seguro de salud
- ☐ Seguro privado o a cargo de mi empleador
- ☐ Mercado (Ley de Cuidado de Salud a Bajo Precio / ObamaCare)
- ☐ Medicare
- ☐ Medicaid
- ☐ TRICARE

Sección 2:

7. ¿Es VIH positivo?

☐ Sí

☐ No

☐ No lo sé

Si «Sí», pasar a la pregunta 8. Si la respuesta es «No» o «No lo sé» pasar a la pregunta 17, página 5.

8. ¿Se realizó una prueba de recuento de CD4 o de carga viral de VIH en los últimos 12 meses?

☐ Sí

☐ No

9. ¿Tomó medicamentos contra el VIH (antirretrovirales) en los últimos 12 meses?

☐ Sí

☐ No

10. ¿Ha asistido a alguna cita médica por el VIH en los últimos 12 meses?

☐ Sí

☐ No

11. ¿Qué obstáculos le han impedido acceder a un tratamiento médico contra el VIH?

Marque todas las opciones que correspondan.

- ☐ No me siento enfermo.
- ☐ No necesito ni quiero atención médica.
- ☐ No quiero pensar en mi condición de VIH positivo.
- ☐ No quiero tomar medicamentos.
- ☐ He tenido dificultades para hacer todos los trámites solo.
- ☐ Tengo miedo de que me vean en la clínica.
- ☐ Las citas médicas me causan problemas en el trabajo.
- ☐ La clínica hace demasiadas preguntas personales.
- ☐ No me gusta el examen físico.
- ☐ Tuve experiencias de rechazo, acoso o violencia en un centro de atención médica.
- ☐ Tuve experiencias con proveedores que no comprendían mi identidad.
- ☐ Mi consumo de alcohol o drogas me dificulta mantener las citas.
- ☐ Es difícil llegar (transporte).
- ☐ Es necesario esperar mucho tiempo para conseguir una cita.
- ☐ Hay que estar demasiado tiempo en la clínica.
- ☐ No tengo la identificación necesaria (ID) o mi ID no refleja quien soy.
- ☐ El personal no habla mi idioma.
- ☐ El personal no comprende mi cultura.
- ☐ No trabajan durante la noche (después de las 5 p. m.).
- ☐ No trabajan durante los fines de semana.
- ☐ No tengo estado legal en los EE. UU.
- ☐ No tengo dinero para pagar.
- ☐ Dios cuidará de mí.
- ☐ No me siento listo emocionalmente para recibir tratamiento.
- ☐ Mi pareja no quiere que reciba tratamiento.
- ☐ Otra opción: _____

12. ¿Dónde vive ahora?

- ☐ En un apartamento o casa que es mío o alquilo a mi nombre.
- ☐ En la casa o el apartamento de otra persona (de forma permanente).
- ☐ En la casa o el apartamento de otra persona (de forma temporal).
- ☐ En una «vivienda con apoyo» (vivienda asistida).
- ☐ En una vivienda de transición o centro de tratamiento.
- ☐ En la calle o en un coche.
- ☐ En un refugio para indigentes.
- ☐ En un refugio para víctimas de violencia doméstica.
- ☐ En un centro de hospicio residencial o en un hogar de ancianos con enfermería especializada.
- ☐ En la cárcel
- ☐ Otra opción (especifique): _____

13. ¿Cuál es el código postal del lugar donde vive? _____

14. ¿Necesitó este servicio de **Ryan White** en los últimos 12 meses?

Servicio	Sí, lo necesité y lo recibí.	Sí, lo necesité, pero no lo recibí.	No necesité este servicio.	No sabía que existía este servicio.
Servicios de intervención temprana (acceso a un profesional que puede ayudarlo a conseguir tratamiento contra el VIH)				
Asistencia financiera de emergencia para pagar el alquiler, la hipoteca o los servicios por única vez				
Ayuda para pagar las primas y copagos del seguro médico				
Gestión de casos médicos				
Transporte médico (pase de autobús o servicio de camioneta)				
Salud mental				
Servicio de salud bucal (dental)				
Atención médica por el VIH				
Apoyo psicosocial (grupos de apoyo u orientación dirigidos por un par)				

15. Seleccione los 3 servicios **médicos** que son más importantes para usted.

- ☐ Ayuda para pagar los medicamentos recetados
- ☐ Atención médica domiciliaria
- ☐ Hospicio
- ☐ Asesoramiento nutricional, incluidos suplementos nutricionales recetados
- ☐ Tratamiento ambulatorio por consumo de sustancias

16. Seleccione los 3 servicios **de asistencia** que son más importantes para usted.

- ☐ Cuidado de niños mientras está en la cita médica
- ☐ Banco de alimentos y comidas enviadas a domicilio
- ☐ Educación sanitaria o reducción de riesgos (educación sobre las opciones de cobertura del seguro médico, alfabetización en salud, adherencia al tratamiento y reducción del riesgo de contagio a parejas)
- ☐ Vivienda de transición, a corto plazo o de emergencia
- ☐ Servicios legales para ayudarlo a resolver problemas para acceder a servicios o beneficios, redactar una voluntad anticipada o nombrar un tutor
- ☐ Traducción e interpretación (servicios lingüísticos)
- ☐ Gestión de caso no médico (acceso a un profesional que lo conecte con servicios para sus necesidades sociales, comunitarias, legales, financieras, laborales o vocacionales)
- ☐ Tratamiento residencial por consumo de sustancias
- ☐ Servicios de rehabilitación (terapia física, ocupacional, del habla y vocacional) ¿Cómo calificaría sus conocimientos sobre VIH? (seleccione una opción)
 - ☐ No tengo ningún conocimiento
 - ☐ Tengo algunos conocimientos
 - ☐ Tengo mucho conocimiento

17. ¿Considera que corre riesgo de contraer VIH? (seleccione una opción)

- ☐ Sí ☐ No ☐ No sé

18. **¿Cierto o falso?** Hay una píldora (conocida como PrEP), recetada por el médico, que ayuda a evitar el contagio de VIH.

- ☐ Cierto ☐ Falso

19. **¿Cierto o falso?** La PrEP SOLO está disponible para personas con seguro médico.

- ☐ Cierto ☐ Falso

20. ¿Dónde vio o escuchó anuncios sobre la PrEP en los últimos 12 meses?

Seleccione todas las opciones que correspondan.

- ☐ En la radio
- ☐ En la televisión
- ☐ En paradas de autobuses
- ☐ En los autobuses
- ☐ En carteles
- ☐ En afiches o folletos en el centro de atención médica o el departamento de salud
- ☐ En afiches o folletos en discotecas
- ☐ En afiches o folletos en mi templo o iglesia
- ☐ Boca a boca (por ej., de un familiar, amigo, compañero de trabajo, proveedor médico, etc.)
- ☐ Otra opción (especifique dónde) _____

21. ¿Está tomando PrEP?

- ☐ Sí (**pasar a la pregunta 24**)
- ☐ No

22. Si está en riesgo de contraer VIH, ¿consideraría tomar PrEP?

- ☐ No estoy en riesgo de contraer VIH (**finalizar aquí**)
- ☐ Necesito más información acerca de la PrEP para tomar una decisión (**finalizar aquí**)
- ☐ Sí (**pasar a la pregunta 24**)
- ☐ No

23. ¿Por qué NO consideraría tomar PrEP? **Seleccione todas las opciones que correspondan.**

- ☐ No creo que esté en riesgo de contraer VIH
- ☐ No querría pagarla
- ☐ No puedo pagarla
- ☐ Tengo miedo de que alguien descubra que la tomo
- ☐ Tengo miedo de los posibles efectos secundarios
- ☐ No creo que funcione
- ☐ No me gusta tomar píldoras todos los días
- ☐ Otro motivo (especifique) _____

24. ¿Por qué motivo dejaría de tomar la PrEP? **Seleccione todas las opciones que correspondan.**

- ☐ Nunca voy a dejar de tomarla
- ☐ Si creyera que ya no estoy en riesgo de contraer VIH
- ☐ Si no pudiera pagarla
- ☐ Si los efectos secundarios fueran intolerables
- ☐ La responsabilidad de tomar píldoras todos los días
- ☐ La larga distancia que debo viajar para obtener la PrEP
- ☐ La falta de transporte para ir a buscar la PrEP
- ☐ Otro motivo (especifique) _____

Gracias por completar esta encuesta. Sus respuestas ayudarán al consejo de planificación de Ryan White a decidir cómo usar los fondos que recibe del gobierno federal para abordar las necesidades de las personas que viven con VIH en los condados de Anson, Cabarrus, Gaston, Mecklenburg, Union, y York.